



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

February 22, 2013

## Public Health & Emergency Preparedness Bulletin: # 2013:07 Reporting for the week ending 02/16/13 (MMWR Week #07)

### CURRENT HOMELAND SECURITY THREAT LEVELS

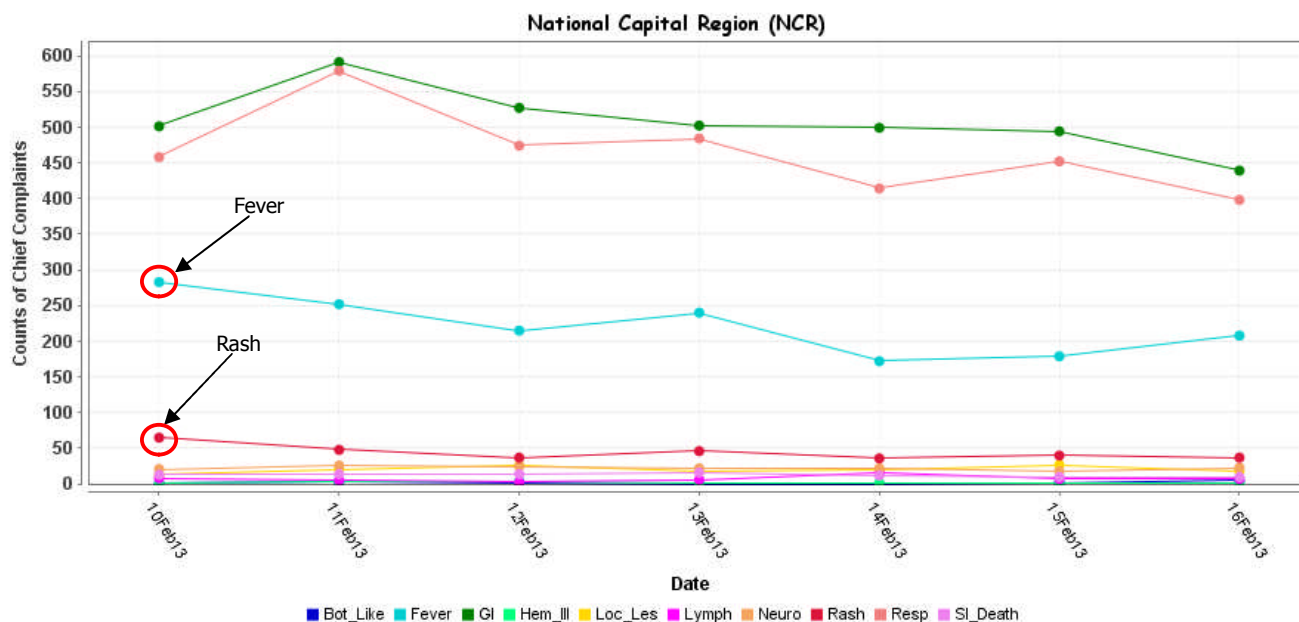
National: No Active Alerts  
Maryland: Level One (MEMA status)

### SYNDROMIC SURVEILLANCE REPORTS

#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

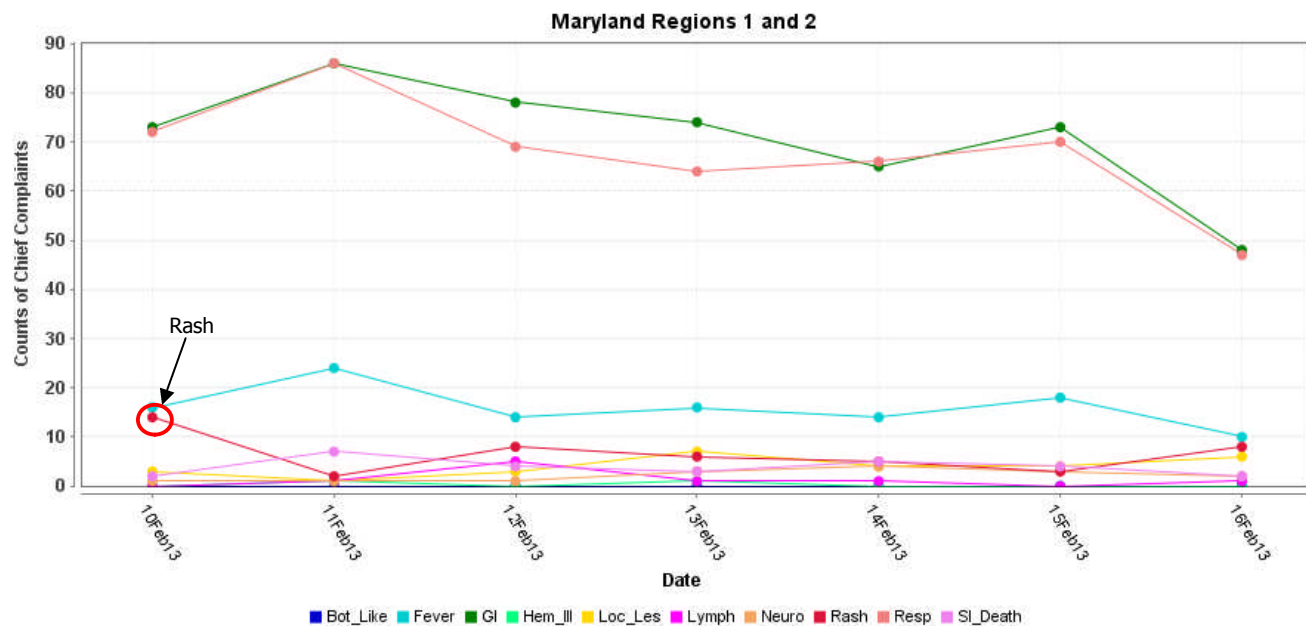
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

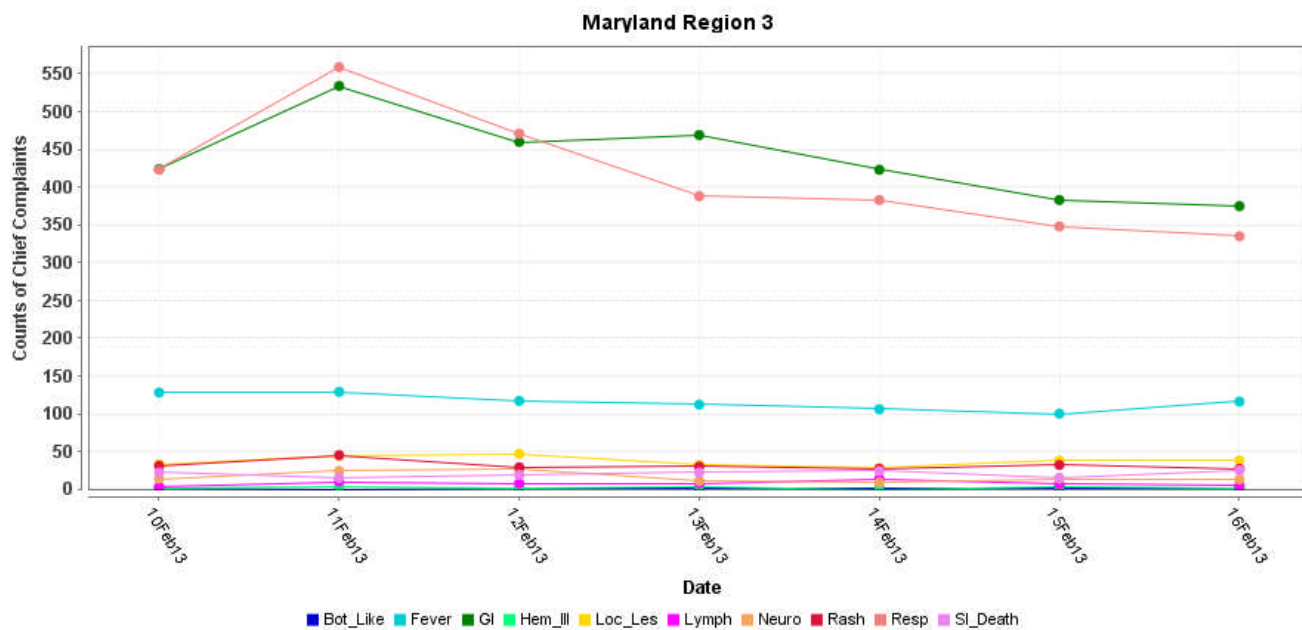


\*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

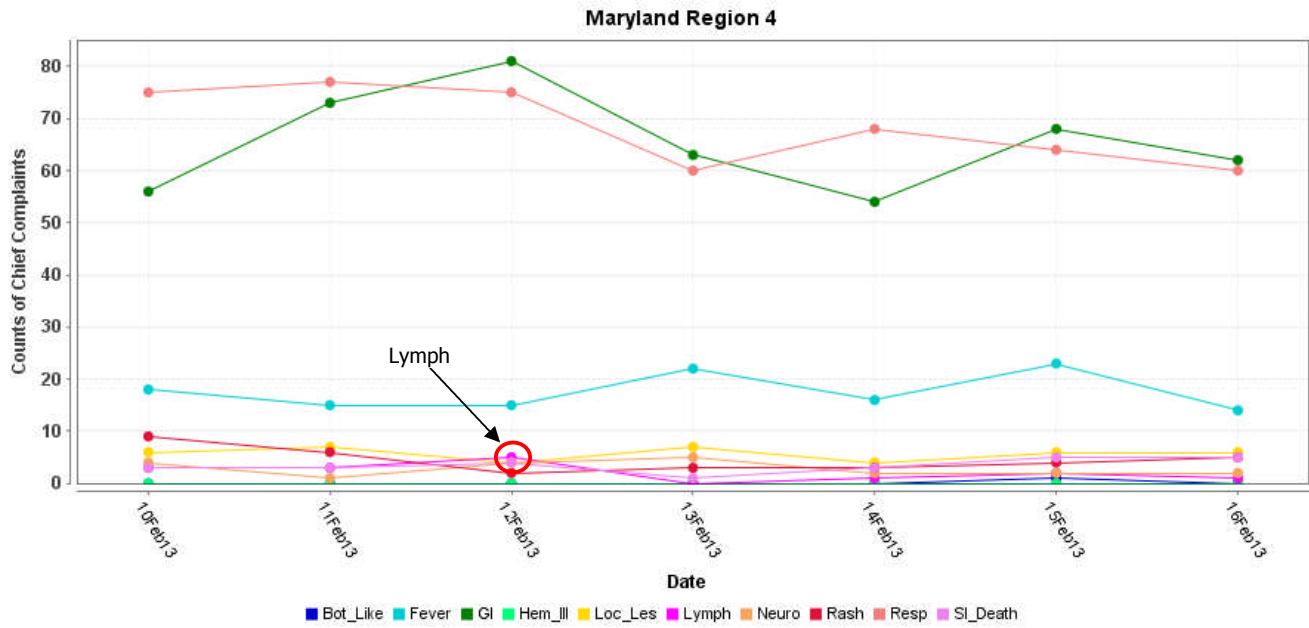
**MARYLAND ESSENCE:**



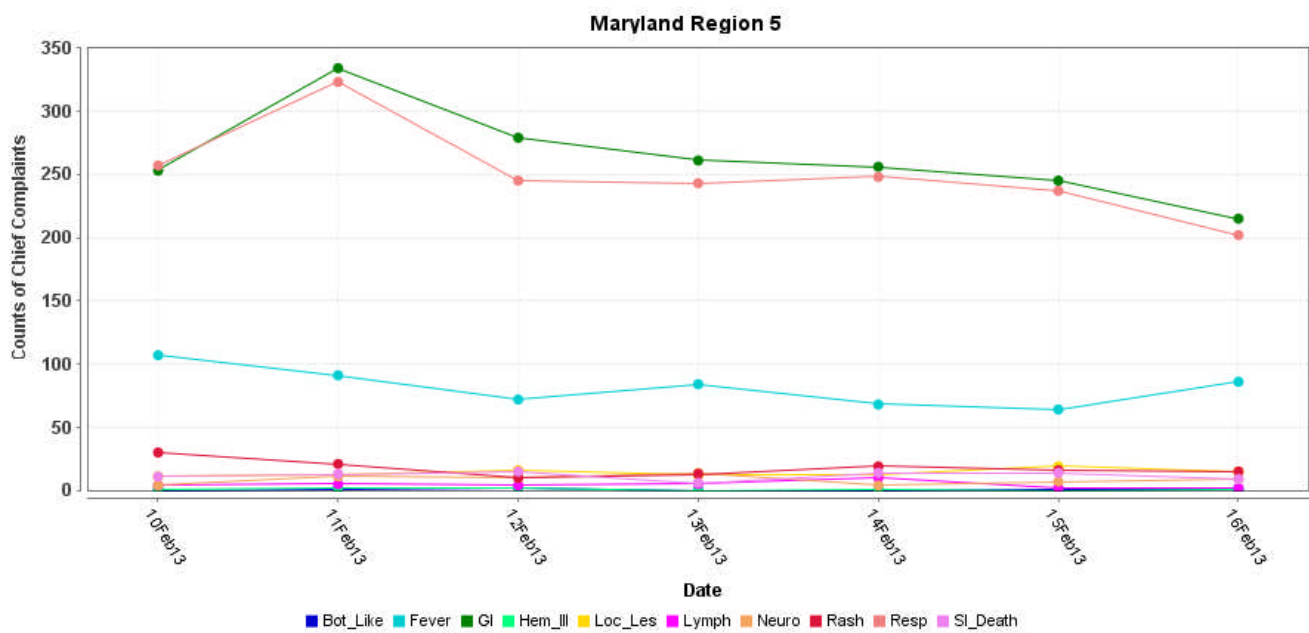
\* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



\* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



\* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

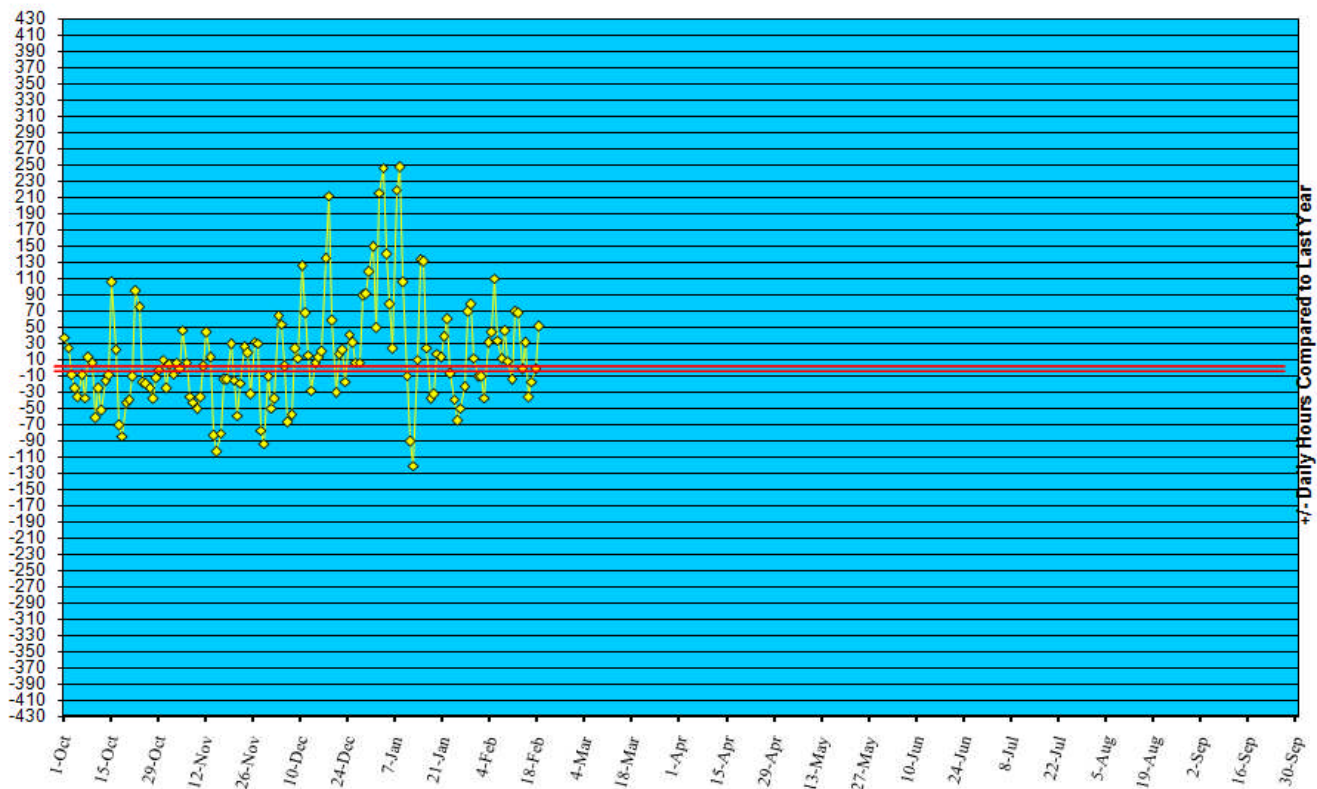


\* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

## **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/11.

### **Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '12 to February 16, '13**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in December 2012 did not identify any cases of possible public health threats.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (February 10 –February 16, 2013):	4	0
Prior week (February 3 –February 9, 2013):	2	0
Week#7, 2012 (February 12 – February 18, 2012):	10	0

## 19 outbreaks were reported to DHMH during MMWR Week 7 (February 10-16)

### 12 Gastroenteritis Outbreaks

7 outbreaks of GASTROENTERITIS in Nursing Homes  
5 outbreaks of GASTROENTERITIS in an Assisted Living Facilities

### 6 Respiratory illness outbreaks

1 outbreak of INFLUENZA in a Nursing Home  
1 outbreak of INFLUENZA in an Institution  
1 outbreak of PNEUMONIA in a Nursing Home  
1 outbreak of PNEUMONIA in an Assisted Living Facility  
1 outbreak of LEGIONELLOSIS associated with a Nursing Home  
1 outbreak of PERTUSSIS associated with a Daycare Center

### 1 Other outbreak

1 outbreak of MUMPS associated with a School

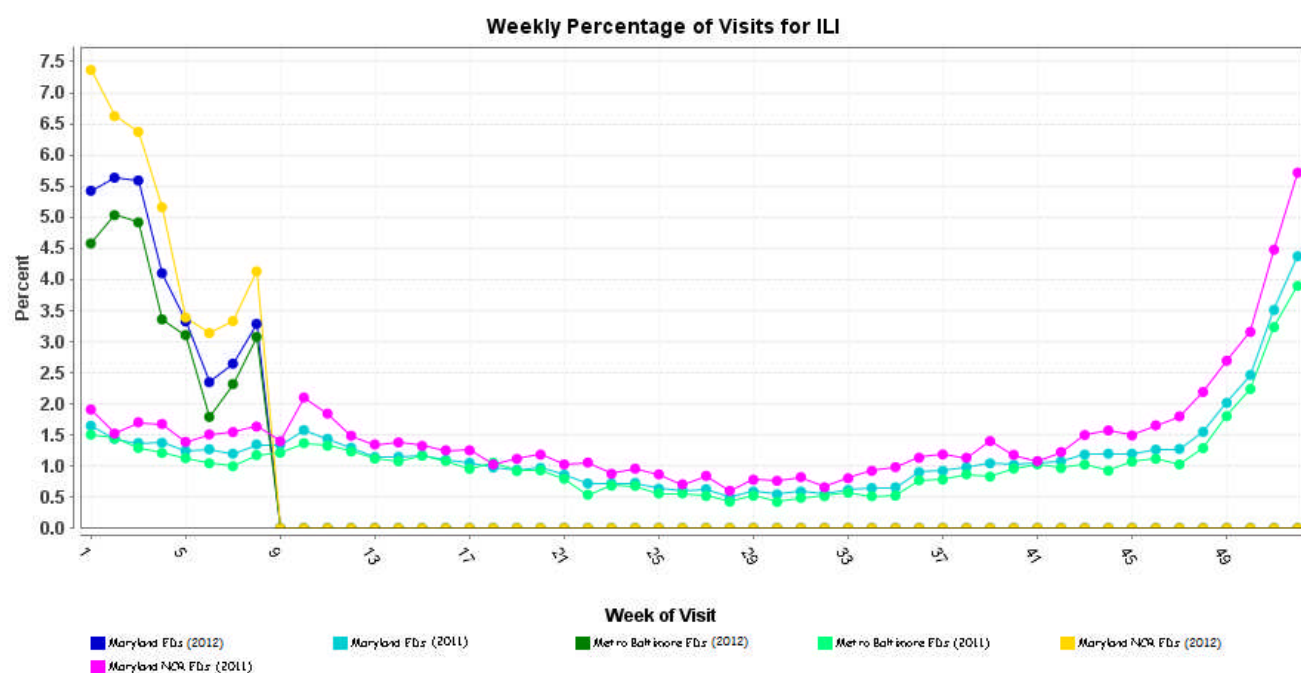
## MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 7 was: Regional Activity with Minimal Intensity.

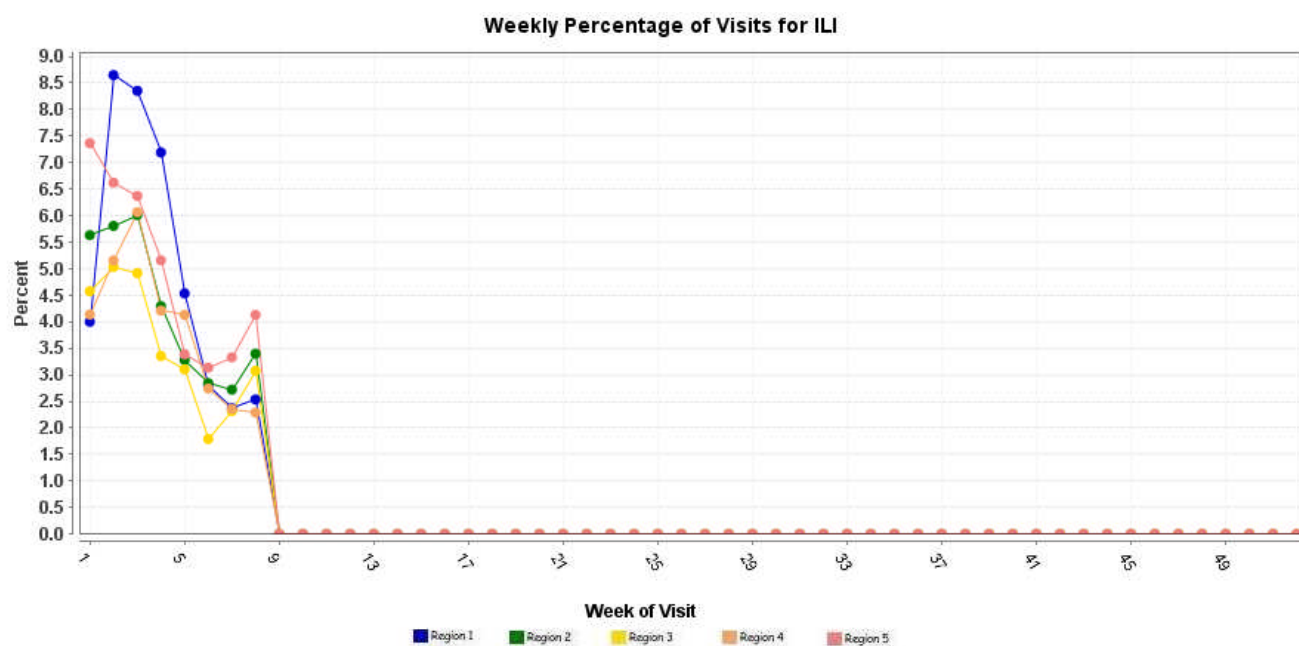
## SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

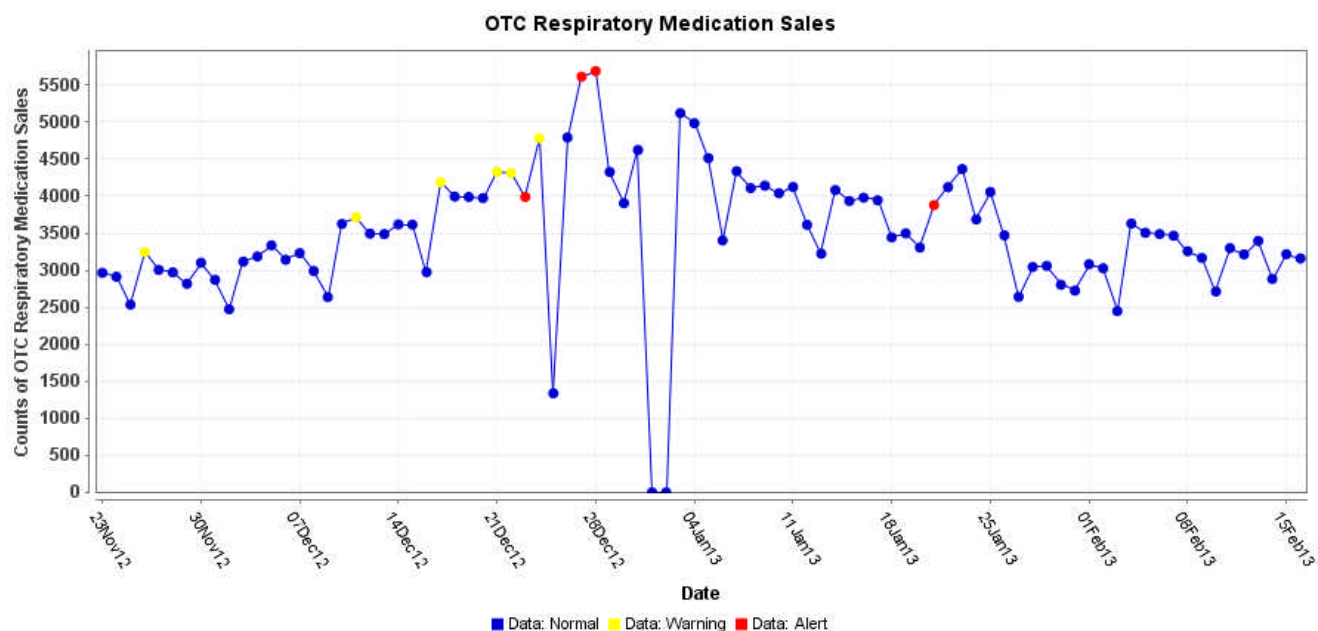


\* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



#### OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. As of February 15, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 620, of which 367 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

**AVIAN INFLUENZA (CAMBODIA):** 13 February 2013, Cambodia reported on Wednesday [13 Feb 2012] that another 4-year-old girl has contracted avian influenza H5N1 [virus infection], becoming the 7th person who infected the virus in 2013. Dr Denis Laurent, deputy director of Kantha Bopha Children's Hospital, which is the kingdom's largest pediatric hospital, said the victim is from Angkor Phnom Touch commune, Angkor Chey district of Southwestern Kampot province. She has received medical treatment at the hospital in Phnom Penh since last Wednesday [6 Feb 2013]. "Now, her condition is stable," he told Xinhua over telephone on Wednesday [13 Feb 2013]. So far this year [2013], 5 of 7 confirmed human H5N1 cases have been fatal. The country sees the worst outbreak of the virus this year since the disease was first identified in January 2004. To date, the country has recorded 28 human cases of the virus, killing 24 people.

## **NATIONAL DISEASE REPORTS\***

**SALMONELLOSIS (USA):** 14 February 2013, CDC is collaborating with public health officials in many states and the U.S. Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS) to investigate a multistate outbreak of *Salmonella Heidelberg* infections. Public health investigators are using DNA "fingerprints" of bacteria obtained through diagnostic testing with pulsed-field gel electrophoresis, or PFGE, to identify cases of illness that may be part of this outbreak. They are using data from PulseNet, the national subtyping network made up of state and local public health laboratories and federal food regulatory laboratories that perform molecular surveillance of foodborne infections. Since 4 Jun 2012, a total of 124 individuals infected with the outbreak strain of *S. Heidelberg* have been reported from 12 states. Most of the ill persons have been reported from 2 states, Washington (56) and Oregon (38). At this time, CDC is not releasing the names of the other states until it is determined how these illnesses are linked to this outbreak. Among 124 persons for whom information is available, illness onset dates range from 4 Jun 2012, to 6 Jan 2013. Ill persons range in age from less than one year to 94 years, with a median age of 23 years. 55 percent of ill persons are female. Among 97 persons with available information, 31 (32 percent) reported being hospitalized. No deaths have been reported. Ill persons continue to be reported at lower levels in the most recent months, which may represent a "winter lull" in salmonella infections. Epidemiologic and traceback investigations conducted by officials in local, state, and federal public health, agriculture, and regulatory agencies indicate that consumption of chicken is the most likely source of this outbreak of *S. Heidelberg* infections. Washington and Oregon have identified Foster Farms brand chicken as the most likely source of the infections in their states. Approximately 81 percent of ill persons interviewed report consuming chicken in the week before becoming ill. Investigations are ongoing to determine the specific type and source of chicken that might be linked with illness. FSIS is currently conducting an investigation to determine the source of infections in this outbreak. CDC and state and local public health partners are continuing laboratory surveillance through PulseNet to identify additional ill persons and to interview ill persons about foods eaten before becoming ill. FSIS is continuing to work closely with CDC and state partners during this investigation. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

## **INTERNATIONAL DISEASE REPORTS\***

**YELLOW FEVER (BOLIVIA):** 14 February 2013, A person from Oruro died due to yellow fever in the Cochabamba [department] tropics. This occurrence put the health authorities on alert and they requested the populace to get vaccinated 10 days before traveling to the tropical area. Jorge Claros, Director of the Departmental Health Services (SEDES) reported that the fatality "is a person from the interior, from the Oruro area, who had visited the tropics and contracted the yellow fever [virus] infection there." Given the presence of the disease, it is recommended that before entering the tropical area people must be vaccinated against yellow fever. "The vaccine is free and there are health centers [that have it]," [he said]. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**E. COLI (SWEDEN):** 16 February 2013, Around 6 tons of hamburger and kebab meat distributed and sold across Sweden may have been contaminated by intestinal bacteria which could have been caused by animal excrement. The meat, which has been on sale across the country for the past 4 months, has been found to contain traces of the potentially life-threatening *E. coli* bacteria. The contaminated meat was brought to the attention of the authorities when 2 children fell ill in Vasteras in eastern Sweden in January 2013. "It's one of the most severe types of food poisoning that you can suffer from," said Helena Storbjork Windahl at the Stockholm Food Safety Authorities. The beef has been traced to the distributor Sven P in Stockholm but is originally from a slaughterhouse in the Netherlands. During the slaughter process, the feces from the animals can infect the meat. "If there are 12 tons coming in, then you don't take a test on every little bit. One has to take a certain number of samples," said Yvonne Bjorling, Sven P's CEO to the newspaper. Of the shipment of 12 tons, some 6 have to date been sold as ground beef and made into hamburgers or kebab meat, Bjorling said. The remaining 6 tons have now been recalled. (Food Safety Threats are listed in Category C on the CDC List of Critical Biological Agents) \*Non-suspect case

**LISTERIOSIS (AUSTRALIA):** 10 February 2013, A NSW [New South Wales] man has been confirmed as the 3rd fatality in Australia's largest outbreak of listeriosis. The death of the 68 year old man late last month [January 2013] was confirmed by Victoria's acting chief health officer as being linked to the outbreak at Jindi, one of the nation's biggest cheese companies. The outbreak, which has been traced to the company's factory in Gippsland, Victoria, has been linked to the deaths of an 84 year old Victorian man and a 44 year old Tasmanian man. 26 cases have been identified so far, including a New South

Wales woman who had a miscarriage. Victoria's Department of Health maintains it acted promptly to contain the outbreak, which came to the attention of authorities in mid-December [2012] and led to the recall of more than 100 cheese products, but it has warned there could be more cases and further fatalities. "I'm confident the intervention that has been put in place with terrific cooperation from Jindi is absolutely appropriate and is the best possible," said the acting chief health officer, Michael Ackland. "Unfortunately because of the 70 day incubation period for listeriosis, there will almost certainly be people who have consumed cheese prior to the recall who may still get sick -- that could go on for another couple of months." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

\*National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

#### **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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## Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

**Table: Text-based Syndrome Case Definitions and Associated Category A Conditions**

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF  ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents**  
(continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person &gt; XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents** (continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

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